# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#### **PATENT APPLICATION**

Applicant

Capik et al.

Case: Capik 2-8

Serial No.:

10/006,175

Filed: December 4, 2001

Examiner:

**Kevin Wood** 

Group Art Unit: 2874

Title:

POWER MONITORING ARRANGEMENT FOR OPTICAL CROSS-

CONNECT SYSTEMS

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#### RESPONSE UNDER 37 C.F.R. §1.111

SIR:

In response to the Office Action dated June 27, 2003 (Paper No. 3), please amend the above-identified patent application as follows:

14

### TELEFAX COVER SHEET

## MOSER, PATTERSON & SHERIDAN, LLP

ATTORNEYS AT LAW 595 SHREWSBURY AVENUE FIRST FLOOR SHREWSBURY, NJ 07702 TELEPHONE (732) 530-9404 TELEFAX (732) 530-9808

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FAX NO.: 703-872-9318	
FROM: Eamon J. Wall/RM	В
DATE: September 25, 2003	
MATTER: Serial No. 10/006,17	5 Filed: 12/4/01
DOCKET NO.: Capik 2-8	
APPLICANT: Capik	
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CERTIFICATE OF TRANSM	IISSION UNDER 37 C.F.R. §1.8
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		Application Number		10/006,175			
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date		12/4/01			
		First Named Inventor		Capik			
		Group Art Unit		2874			
		Examiner Name		Kevin S. Wood			
Total Number of Pages in	This Submission		Attorne	y Docket Number	Capik 2-8		
		ENCL	OSURES (	(check all that apply)			
	n	Assignment Papers (far an Application)			After Allowance Communication to Group		
Fee Attached		Drawing(s)			Appeal Communication to Board of Appeals and Interferences		
Amendment / Respo	nse – 11 pages	Licensing-related Papers		1 Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		Petition Routing Slip (PTO/SB/69) and Accompanying Petition			Proprietary Information		
Affidavits/declara	ation(s)	Petition to Convert to a Provisional Application			Status Letter		
Extension of Time R	tequest	Power of Attorney, Revocation Change of Correspondence Address			Other Endosure(s) (please Identify below):		
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Response to Missing Incomplete Application					•		
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-	SIGNA	TURE OF	APPLIC	ANT, ATTORNEY, (	DR AGENT		
	Eamon J. Wall MOSER, PATTER			-			
Signature	641	Wel	/				
Date	September 25, 20	03					

PTC/SB/17 (08-03)

Approved for use through 07/31/2008. OMB 0651-0032

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		Complete If Known							
FEE TRANSMITTAL	Applica	Application Number 10/008,175							
for FY 2003	Filing				4/01				
Ellective 01/01/2003. Patent fees are subject to annual revision.					apik				
					dn S. Wood				
Applicant Claims small entity status. See 37 CFR 1.27		Group / Art Unit 28							
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TOTAL AMOUNT OF PAYMENT (\$) 84	Attorn	Attorney Docket No.   Capik 2-8							
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)  3. ADDITIONAL FEES							
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Deposit Account Moser, Patterson & Sheridan, LLP	1053	130	1053	130	Non-English spe	edication			
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Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) during pendency of this application	1805	1,840*	1605	1,840	Requesting publi Examiner action	Requesting publication of SIR after			
Charge fee(s) indicated below, except for the filing fee	1251	110	2251	55	Extension for rep	ply within first month			
to the above-identified deposit account	1252	410	2252	205	Extension for rep	ply within second			
FEE CALCULATION	1253	930	2253	485		Extension for reply within third manth			
BASIC FILING FEE     Large Entity Small Entity	1254	1,450	2254	725	Extension for re	ply within fourth			
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1001 750 2001 375 Utility filing fee	1402	320	2402	160	Filing a brief in s				
1002 530 2002 185 Deelgn filing fee	1403	280	2403	140	Request for oral				
1004 750 2004 375 Relsaue filing fee	1451	1,510	2451	1 1.510 Petition to institute a public use proceeding.					
1005 160 2005 80 Provisional filling fee	1452	110	2452	<b>5</b> 5	Petition to revive				
SUBTOTAL (1) (\$) 0	1453	1,300	2453 2501	650 650	Petition to revive	$\vdash \vdash$			
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Claims 4 -3 - = 1 X 64 = 64	1808	180	1806	180	Sunt .	nformation Disclosure			
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Code (5) Code (5) Fee Description 1202 18 2202 9 Claims in excess of 20	1910	750	2810	375	(37 CFR § 1.126				
1201 84 2201 42 Independent claims in excess of 5 1203 250 2203 140 Multiple dependent claim, if not paid	1801	750	2801	375	examined (S7 CFR § 1.129(b))  Request for Continued Examination (RCE)				
1204 B4 2204 42 Reissue Independent claims over original patent	1802	900	1802	900	Request for exped	iled examination	$\vdash$		
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SUBTOTAL (2) (\$) 84	}	*Reduced by 82stc Filing Fee Paid SUBTOTAL (3) (5) D							
For number previously paid, if greater; For Raissuss, see above									
SUBMITTED BY				- 7	Соп	plete (# applicable)			
Name (Print/Type) Eamon J. Well Registration No. Att	omay/Agent)	59,4	114	.	Telephone	732 930-9404			
Signature & / Wall				ĺ	Date	e/25/03			

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